

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012066
STATE FILE NUMBER

FILED MAR 31 1959

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Walker 1080' C
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Vida Middle Salome Last Dunkin			4. DATE OF DEATH Month March Day 21 Year 1959
5. SEX F	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 26, 1877
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Avoca, Iowa
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME David Bradt	
13b. MOTHER'S MAIDEN NAME Mary Croft		14. NAME OF HUSBAND OR WIFE George M. Dunkin, Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 97-26-4190D	
17. INFORMANT Mrs. Ruth Cantrell, Walker, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Stomach DUE TO (b) ✓ DUE TO (c) ✓ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced age			INTERVAL BETWEEN ONSET AND DEATH One year
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 151X	
20c. TIME OF INJURY Hour 151X Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, railroad, bridge, etc.) Nevada		20f. CITY, TOWN, OR LOCATION Vernon	
20g. COUNTY Mo		20h. STATE Mo	
21. I attended the deceased from January 1959 to Mar 21-1959 and last saw her alive on Mar 21-1959 Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. H. Love		22b. ADDRESS Nevada Mo.	
22c. DATE SIGNED 3-22-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 25, 1959	
23c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery		23d. LOCATION (City, town, or county) (State) Vernon County Missouri	
24. FUNERAL DIRECTOR Ferry Funeral Home		25. DATE RECD. BY LOCAL REG. 3-26-1959	
26. REGISTRAR'S SIGNATURE Anna E. Ferry			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, County Health Officer, or other authorized person must complete this section. No symptoms may be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *L. Angler Perry*

Licensed Embalmer No. *4960*

P. O. Address. *Manada, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.